study has been well planned. The bibliography stack and table give ample space for research of the literature. New books are on display in the main reading room; rare books in their own particular niche; special sciences are grouped most conveniently for use on the mezzanine floor, while other late and standard volumes are placed in the reference room. About 250 current periodicals are displayed in an alcove off the main reading room, thereby providing six months' files within easy reach.

VALUE OF MEDICAL PERIODICALS

The medical periodicals form the essential part of the Library, for they contain the fundamental contributions to medical literature. Included also are the most useful textbooks, systems of medicine, encyclopedias, and works on medical biography and bibliography. Through these means, the Library seeks to meet the needs of all classes of medical readers, from all who wish to keep up with the rapid advance of medical knowledge in general, to those who desire to make an exhaustive study of some special subject.

Members of the Special Libraries Association of Southern California, as well as physicians, whether residents of Los Angeles County or visiting, it is hardly necessary to state, are welcome to bring and seek to solve here all their medical problems.

THE FUNCTION OF A MEDICAL LIBRARY

A medical library is of service to its patrons in several ways. It helps keep the busy physician in touch with new discoveries in the healing science; it assists him in diagnosis and treatment; it aids in finding precedents in medico-legal cases; and it helps both in preparing medical papers and in making for such, correct bibliographies. No doctor can subscribe to all the medical journals; but a good medical library, if he will but use it, gives him the opportunity to read a great many periodicals and so to keep up with new discoveries wherever and whenever they are made.

Since the great value of a medical library lies in its journal files, the librarian is constantly trying to complete old files and to subscribe for the best of the new journals. It is always a difficult task to complete old files; but through membership in the Medical Library Association, with its exchange lists, this is gradually being accomplished, and many out-of-print journals are received that are unobtainable through other channels.

A medical library is especially necessary at the present day. Science and scientific research have made rapid strides since the inception of the library in 1907, and the records of these discoveries are all to be found in the Association's collections, as the first news of such scientific revelations and accomplishments comes through the pages of medical journals. It is the policy of this, the Library of the Los Angeles County Medical Association, as it was of the Barlow Medical Library Association, to index all journals as soon as they arrive, in order that physicians may know immediately about discoveries and their significance.

Special attention is also given to collecting works on medical topics concerning California and the Southwest, and to all material bearing on medical progress, or referring to or by medical men and women in this western area. Contributions to these topics, as well as to other lines of study appropriate to the Library, are suggested to those in a position to further the advancement of medical history and education.

At the time the gift of the Barlow Medical Library was made to the Los Angeles County Medical Association, the officers of the Barlow Medical Library Association were: Dr. George Dock, president; Dr. A. Elmer Belt, vice-president; Dr. H. E. Schiffbauer, secretary-treasurer. The Council of the Los Angeles County Medical Association has selected these same officers as the Administrative Committee of the Library under its new ownership.

From 303 physicians in Los Angeles County in 1897, to 3,918 physicians and surgeons in the County in 1934, according to the medical directory, among a population in the City of Los Angeles of 1,282,929, the need of still larger medical library facilities is very evident. Now, however, with this increase already made and the developed Barlow Library the property of the Los Angeles County Medical Association, supported by its entire membership and its various Sections, by unaffiliated physicians of Southern California, by the medical societies and groups, hospitals, universities and medical schools, the Library of the Los Angeles County Medical Association will rapidly take its place in the foremost ranks of American medical libraries, and will so splendidly fulfill the purpose for which it was once dedicated, and for which it has been rededicated November 27, 1934; to afford a place for broad and intelligent research to physicians of Los Angeles County and of the Great Southwest.

634 South Westlake Avenue.

POSTURE IN EARLY CHILDHOOD*

By C. L. LOWMAN, M. D.
Los Angeles

DISCUSSION *by A. J. Scott, M. D., Los Angeles; Clifford Sweet, M. D., Oakland; Rodney F. Atsatt, M. D., Santa Barbara.*

POSTURE in childhood, implying a consideration of the skeletal alignment, or so-called body mechanics, along with bone diseases and deformities, should be of common interest to the pediatrist as well as to the orthopedist. Who, more than the child's physician, should be alert to potential conditions which may produce disabilities later in life?

If I can stimulate in you the same resolve to prevent future disabilities of the muscles, joints, and nervous system, that you have already shown in cases of asthenic and pretubercular children, I shall feel amply repaid for my efforts.

*Read before the Pediatric Section of the California Medical Association at the sixty-third annual session, Riverside, April 30 to May 3, 1934.

STRUCTURAL ALIGNMENT AND HEREDITY

There are authorities on this subject, or shall I say, writers, who say that faults in structural alignment are hereditary, and that variables from a certain median are normal within a considerable range. They insist that no amount of exercise or treatment can prevent or modify the ultimate posture which the individual will develop. This, I am sure, is contrary to the experience of those of you who, by training or interest, have observed the corrective efforts of some orthopedist and his technical assistants.

Direct contact in school work, also, will have shown you benefits accruing from the work of physical educational departments, especially in centers where corrective work is given to children with postural faults.

Critics say that our opinions are derived from the consideration of abnormal or pathological clinical material; but our experience at the Orthopedic Hospital, in Los Angeles, where more than the usual amount of attention is paid to postural deviations, proves that we deal with the same set of faults in the same groups of children that are found in the schools. In fact, most of these postural patients are referred to us by school physicians, health nurses, and physical directors from districts where no school corrective departments exist.

IMPORTANCE OF REMEDIAL ATTENTION DURING CHILDHOOD

We all know that it is a common experience of daily practice with adults to find functional disturbances, and even pathological conditions, which, we must admit, would not have developed had the factors underlying them received remedial attention during childhood. When we relieve an adult of low-back pain, sciatic neuritis or so-called sacro-iliac strain, often very chronic in nature, simply by raising the heel of the shoe on the side of the short leg, or tilting the heels to correct faulty leg rotation, it is logical to presume that these conditions would not have developed had the underlying conditions been recognized in childhood and corrected.

For example, if a girl child is allowed to complete her childhood and come into maturity without proper physical measurements being made to establish the fact that she has a tilted pelvis secondary to maldevelopment, from habitual sitting on one foot, as well as having a short leg, unilateral flat-foot or coxa vara on one side, is it surprising that we are confronted with birth injuries from distorted pelves, painful low backs at the menses, spinal curvatures with neuritis in shoulder girdles, head-tilts with maldevelopment of the face and jaws, and unlevel eyes?

It is distressing to the orthopedist to receive a continuous stream of young patients with deformities and disabilities, a large portion of which could have been prevented. Many of these cases have been in the hands of reputable pediatrists, and we find it embarrassing to have to make excuses and attempt plausible explanation to the patient's question, "Why didn't Dr. So-and-So recognize this condition? He has cared for our child since she was a baby."

REPORT OF CASE

Let me cite a recent specific case.

F., a child ten years.

Complaint: Pain in her foot, near the heel. Was previously seen by another orthopedic surgeon, who diagnosed apophysitis after examination of the feet (he did not make a complete postural examination) and ordered her to keep off her feet for several months. This was done: the child used crutches for some time, but pain came back on return to weight bearing.

Observation showed us a stout child, obese for her age, with a stout mother and two sisters, both with endocrine dysfunctions. Examination showed the following postural faults: a short leg of one-half inch, knock knees, pronated ankles and second-degree flat-foot, scoliosis, secondary to the pelvic tilt, uneven shoulders, and faulty head position in both planes.

The foot symptoms were explained by the overweight put on a skeleton which had always been inadequate to the load placed upon it. The child's physiological age had never been on a par with her chronological age; hence the ligamentous and muscular strain in the feet.

The mother stated that she wanted only the child's feet examined, but was informed that we always make all-over examinations of all children. We adhere to this rule regardless of fee, even when perfectly obvious explanations of the symptoms are offered.

After explaining that the foot condition was only a part of the whole postural picture, we made the complete examination. When we discovered the conditions related above, the mother expressed herself as delighted with the thoroughness of our examination, and readily acquiesced in the further expense of a pelvic and spinal x-ray.

Following a custom established for twenty years or more in our office and clinic, an x-ray in the standing position was made. True to our prediction to the mother, we demonstrated the fairly well-advanced spinal curvature, the pelvic tilt, showing the crest of one ilium about a half-inch above the other, with distortion of the birth canal and increased anteroposterior tilt of the sacrum beginning, and resulting in the hollow back deviation.

This child, with corrective shoeing, foot-strapping, and exercises, obtained complete relief of foot symptoms within six weeks, and in the same time made marked correction of general alignment. Whether or not we will succeed in correcting the distortion of the pelvis, time alone will tell.

COMMENT

But what could I say to the mother's question why had not the doctor who had always cared for her child discovered these faults earlier? I had to admit that if the endocrine obesity had been recognized from obvious type and family characteristics, and had been properly treated, the knock-knees and foot condition would probably have been prevented, or at least greatly minimized. I could only make lame excuses to explain why the leg lengths had not been measured and a plumb line used to establish pelvic and spinal malalignment, so that these deviations could have been checked in their incipiency.

I have chosen to cite this one case, but assure you that it is not a lone, isolated case, but only an example chosen from the daily grist of office and clinic practice. For that reason I am moved to urge you to center your attention on details which entail such far-reaching results in the future lives of the children who pass through your hands.

Some orthopedists have been criticized for giving medical treatment to youngsters brought to them for remedy of static and postural faults. As

body engineers, I feel that we are justified in doing this, provided that we go no further than prescribing for actual conditions directly involved. In cases that are already under the care of a physician, we telephone or write to the doctor in question, giving him the opportunity to coöperate and carry on with the medical prescribing.

BODY POSTURE SHOULD BE CONSIDERED IN ROUTINE PHYSICAL EXAMINATION

I suggest that your routine physical examinations include not only the usual heart and lung, nose and throat and nutritional considerations, but a careful inspection of the child's completely nude body, in the sitting, standing and lying positions. Put your thumbs on the two posterior spines of the ilium, and then on the two anterior spines, and unless they are both absolutely level, use a tape measure as follows, with the patient standstanding (the patient just referred to showed the following measurements):

Posterior superior spine to the ground, right and left. Right, 32. Left, 31¾.

Top of mid-point of iliac crest to the ground. Right, 34¼. Left, 33¾.

Anterior superior spine to the internal malleolus; then to ground, right and left. Right, 29¼; left, 28¾. Right 31⅜; left, 31.

If measurements differ, then figure out whether you have

1. A simple lateral tilt;
2. Simple torsion of the pelvis; or
3. A combination of tilt and twist.

Sitting, thumbs on posterior superior spines will show tilt. Same over crest, or actual measurement, crest to table. Then in front, thumbs on anterior superior spines will confirm the tilt or unmask a twist.

The measurement in one position may seem equal and O. K., but in one or both of the other positions they may not be.

Another case, a girl, age eleven, shows these discrepancies. Her measurements are as follows:

Anterior superior spine to internal malleolus. Right, 31.75. Left, 32 plus.

Anterior superior spine to ground. Right, 34 minus. Left, 34.75.

Crest to ground. Right, 39. Left, 38.

Posterior superior spine to ground. Right, 35.75. Left, 35.25.

You will note here that the left anterior superior spine distance from the ground is three-fourths of an inch plus, higher than the corresponding posterior superior spine, which is one-half inch lower than its opposite. This discrepancy could not be noted from measurement of anterior spine to internal malleolus, lying, which is what is usually taken. The fact that there is about the same difference in the measurements, both including and excluding the feet, shows that unilateral arch depression is not the causative factor.

IN CONCLUSION

In conclusion, these measurements, taken with the plumb-line readings—anterior, posterior, and lateral—will show up the structural faults sufficiently so that you can suggest treatment or refer the case for further orthopedic consultation.

If every pediatrist would check the statics of his child patients at least once a year, making the parents realize that such examination is good preventive medicine and excellent insurance against the development of future trouble, I am sure that both physicians and patients would be benefited.

523 West Sixth Street.

DISCUSSION

A. J. Scott, M. D. (1401 South Hope Street, Los Angeles).—Doctor Lowman has brought out a very important subject in pediatrics which I think is too often overlooked, or more likely neglected. One of the first admonitions we give the students in our annual lectures is to "strip the child." This gets to be a sort of joke with classes, but we tell them that is the first and most important thing in pediatrics after the history.

If the child is stripped and allowed to stand with a good light striking the body, and a careful inspection made of the general structure of the child, there is no need to overlook the important things that Doctor Lowman has emphasized. Perhaps we may not know what to do after we discover the defects, but the important thing to know is what is normal. We can refer to the proper consultant if we do not know what to do when we find slight deviations.

So often we see the typical fatigue posture Doctor Lowman mentions which makes the mother tell the child "to stand up straight," etc., and the corrective gymnasium teacher advises corrective exercises. On careful inquiry, we usually find that not corrective exercises are needed, but *rest* and plenty of it. We have in these children rapidly growing structures, which are soft and easily influenced by weights or postures. These structures do better when they are allowed plenty of rest to develop thoroughly, and then they develop strongly. Exercise can come later, when the tissues are firmer.

Too many children have too many activities thrust upon them by ambitious mothers. Inquire carefully into the question of dancing classes, music lessons and practicing, hours of retiring and midday rest; the type of mattress and whether or not pillows are used; whether reading is done after going to bed. All these things have a bearing upon this question of fatigue, and this in turn upon the posture. As was stated by the essayist, the heavy child with relatively delicate understructures, which are only growing tissues, is easily subject to strain and pressure, then deformity.

Hence, strip the child and insist upon sufficient rest.

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Clifford Sweet, M. D. (242 Moss Avenue, Oakland).—I wish more physicians had Doctor Lowman's enthusiasm, energy and skill, especially in their contacts with children, who, being in the formative period of life, can be carried far toward an ideal state of health.

In our attempts to improve the physical make-up of children we must, it is true, often contend with one or all of the following difficulties: (1) Undesirable hereditary qualities or congenital defects. (2) The results of a faulty nutritional regimen at some period of life. (3) The damages, resulting from disease, through improper postural treatment during acute illness, and from lack of protection for weakened muscles during a prolonged convalescence. (4) The general human laziness, indifference, and lack of education which permit bad habits of body balance and mechanics to become chronic and progressive. We, as physicians, can defeat or greatly modify all of these if we do not permit an attitude of "Oh, what's the use?" to have a dwelling place in our minds until the formidable giants—Indifference, Doubt and, finally, Despair, have added their great strength to that of the enemy.

Every child should have frequent physical examinations, and no physical examination is complete without careful attention being given to the mechanical state of every part of the body, as is so clearly empha-

sized in the paper. When physicians generally carry out such examinations, many persons will be spared years of physical discomfort and debilitating nervous strain. I am certain there will then be less and less prescribing of such devices as arch supports and corrective shoes by shoe clerks, quite as often with detrimental as with beneficial results.

The more difficult corrective problems must be referred to the orthopedic expert, but every pediatrician can give intelligent attention to the child's bed, to the manner in which he stands, sits and walks, and to the clothing (especially the socks and shoes) which he wears. A firm flat bed maintains balanced body muscles during sleep. Correct habits of standing, walking, and sitting can be taught by the same methods which produce a serviceable working knowledge of arithmetic. The child who sits on a chair or school seat that is too high or too deep has his shoulder girdle pulled forward by the unsupported weight of his legs. Shoes and socks that are badly fitted force the child into habits of standing and walking that unbalance the entire system of skeletal muscles.

The well thought-out, practical measurements outlined in the paper will detect deviations from the best obtainable state of body mechanics. Further study will reveal whether heredity or congenital defects must be treated, or whether environment alone must be changed. The purpose of environmental control is to make the best possible use of the human material, which it is our great privilege to care for and mould toward perfection.

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Rodney F. Atsatt, M. D. (1421 State Street, Santa Barbara).—The importance of having the pediatrician think of the posture mechanics of his small patient cannot too strongly be emphasized. All orthopedic men are continually faced with and chagrined by children with bad structural postures from scoliosis, and by what is even more lamentable, bad functional postures. I say chagrined, because many scolioses are caused by easily remediable short legs or asymmetrical pelves, and most functionally poor postures are the results of faulty habits and neglected muscle tone.

Children are the most plastic material we have to work with. A sympathetic and understanding doctor, and an efficient and wide-awake physical therapist can so enlist the interest of the child that even early in life corrective exercises may be given and enjoyed, to the extent that complete coöperation is possible in the abolishment of a prominent abdomen and marked lordosis—the signs of bad habits and poor muscle tone.

Similarly a few simple measurements, coupled with a truly comprehensive inspection of the back which actually sees and recognizes a scoliosis, will often make possible an immediate correction of the scoliosis by means of a simple heel lift to equalize the distortion in legs or pelvis.

BIRTHMARKS*

OBSERVATIONS ON TREATMENT

By Charles R. Caskey, M. D.
Los Angeles

Discussion *by L. R. Taussig, M.D., San Francisco; H. O. Barnes, M.D., Los Angeles; Moses Scholtz, M.D., Los Angeles.*

In this short article only the commoner types of nevi can be discussed. These will include some vascular and nonvascular types. The simpler type of vascular nevi is the port wine mark, or nevus flammeus. This is the smooth, non-elevated mark of red or purplish color. It may or may not fade upon pressure. Those that do not fade on pressure are the more difficult to treat. In many instances the nevus flammeus is the least satisfactory to treat, as far as cosmetic results are concerned; for so often it is this type of mark that occurs on the face.

PORT WINE NEVI

There are various ways of treating port wine nevi, the object of all being a sclerosis of the blood vessels. Carbon dioxide snow for small lesions is sometimes quite satisfactory, but in large nevi not fading on pressure repeated blistering doses are required, which may in the end produce a white atrophic appearance. Some improvement can be effected with electrolysis and the dessication current, but the results are a mottling of the skin. I have tried sodium morrhuate intradermally and subdermally without, however, producing satisfactory results. The water-cooled ultraviolet light, in my hands, has not brought about as good results as has been claimed by some. I have not used the air-cooled ultraviolet for this purpose, as advocated by Andrews and others. Over large areas it is best to use a ball or cylinder-shaped piece of snow, employing a rolling motion over the same area repeatedly, without much pressure for several seconds, until the desired reaction is produced. This will not produce a sharply outlined reaction; but with proper management it will effect a fading reaction into the borders. This is desirable in treating large port wine marks. I have had little experience in treating this kind of birthmark with radium. I do not feel that the margin between good cosmetic results and later sequelae is great enough to justify the use of this remedy for the average nevus flammeus.

NEVUS VASCULOSUS

The strawberry mark, or nevus vasculosus, is red to purple in color and elevated above the surface of the skin. They are most often irregular in shape and have a berry or lobulated appearance. This type of birthmark is not so difficult to eradicate, in many instances, if favorably located and it is not complicated with cavernous extensions. Carbon dioxide snow or electrodessication can be used where cosmetic results are not so important. Repeated, gentle treatments are better than severe ones, which leave the skin thin and atrophic. Very good results with beta rays of radium in suberythema doses will sometimes give good effects. Radium treatments should be cautiously repeated. Better results may be obtained by waiting, especially if improvement is evident. A mother will usually coöperate in this respect, if you will tell her at the first visit that it will take time to treat the case. The combination of carbon dioxide snow and radium in these cases should, if used at all, be employed with double caution.

CAVERNOUS ANGIOMATA

In the cavernous angiomata, the deep vessels, especially the veins, are involved. The overlying skin may be almost normal, but it is not infrequently the site of a strawberry mark. These marks may occur on any part of the body, but

* Read before the Dermatology and Syphilology Section of the California Medical Association at the sixty-third annual session, Riverside, April 30 to May 3, 1934.